

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18		7				
19	1					
20		1				
21		1				
22		1				
23		1				
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						